Cycle Date:	08/28/2003								
Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	Research	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404943	Albemarle	8517	291	Claims denied, submitted beyond filing timelimit.					
		8599	190	Detail not covered by combination of recipient, provider and benefit package.		62	896	2286	1389
		8544	263	Claim denied due to invalid from date of service.					
3404902	Blue Ridge	8599	1107	Detail not covered by combination of recipient, provider and benefit package.					
		8517	142	Claims denied, submitted beyond filing timelimit.		370	1805	2868	790
		21	62	Duplicate of claim system.					
3404912	Catawba	8599	393	Detail not covered by combination of recipient, provider and benefit package.					
		143	8	Client ID not on state eligibility file.		130	538	4036	3498
		21	4	Duplicate of claim system.					
3404917	Centerpoint	120	87	Client ID number missing or invalid.					
		8599	829	Detail not covered by combination of recipient, provider and benefit package.		609	9271	12181	2910
		21	7579	Duplicate of claim system.					
3404916	Crossroads	537	21	Procedure is not covered for this date of service.					
		8599	373	Detail not covered by combination of recipient, provider and benefit package.		32	639	3649	3010
		24	192	Procedure code, procedure/modifier combination or procedure code/type of service combination is missing, invalid or invalid for this bill type.					

Cycle Date:	08/28/2003								
Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	Research	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404927	Cumberland	8599	174	Detail not covered by combination of recipient, provider and benefit package.					
		8517	27	Claims denied, submitted beyond filing timelimit.		32	274	2882	2608
		191	70	Client ID number does not match patient name.					
3404959	Davidson								
3404944	Eastpointe	21	2134	Duplicate of claim system.					
		8599	202	Detail not covered by combination of recipient, provider and benefit package.		37	2652	6521	3869
		8000	152	No rate available on file to price this claim detail.					
3404946	Foothills								
3404919	Guilford	8599		Detail not covered by combination of recipient, provider and benefit package.					
		8000		No rate available on file to price this claim detail.		150	1284	6877	5593
		8517	243	Claims denied, submitted beyond filing timelimit.		-			

Cycle Date:	08/28/2003								
Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	Research	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404930	Johnston							70	
						1	1		69
3404929	Lee-Harnett	120	20	Client ID number missing or invalid.				781	
		8599	180	Detail not covered by combination of recipient, provider and benefit package.		11	227		554
		143	8	Client ID number missing or invalid.					
3404913	Mecklenburg	8599	348	Detail not covered by combination of recipient, provider and benefit package.					
		10	48	Diagnosis or service invalid for client age.		0	517	6764	6247
		191	43	Client ID number does not match patient name.					
3404939	Neuse	8599	2	Detail not covered by combination of recipient, provider and benefit package.					
		8622		60 Residential level II treatment received, PA is required for additional service.		0	15	265	250
3404979	New River	8599	123	Detail not covered by combination of recipient, provider and benefit package.		0 415			
		8517	219	Claims denied, submitted beyond filing timelimit.			415	1008	593
		8621		60 Residential level III treatment received, PA is required for additional service.					

Cycle Date:	08/28/2003			I	I			Total	Total
Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	Research	TNC Denials	Total Denials	Claims Finalized	Claims Paid
3404934	Onslow	8599	180	Detail not covered by combination of recipient, provider and benefit package.					
		8517	52	Claims denied, submitted beyond filing timelimit.		89	391	1710	1319
		191	8	Client ID number does not match patient name.					
3404921	OPC	21	27	Duplicate of claim system.					
		8599	58	Detail not covered by combination of recipient, provider and benefit package.		10	110	630	520
		143	4	Client ID number not on state eligibility file.					
3404910	Pathways	8599	354	Detail not covered by combination of recipient, provider and benefit package.					
		21	68	Duplicate of claim system.		72	555	3576	3021
		143	8	Client ID number not on state eligibility file.					
3404924	Piedmont								
3404932	Randolph	8599	155	Detail not covered by combination of recipient, provider and benefit package.					
-		143	19	Client ID number not on state eligibility file.		38	272	1513	1241
		120	39	Client ID number missing or invalid.					

Cycle Date:	08/28/2003								
Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	Research	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404942	Roanoke-Chowan	8599	135	Detail not covered by combination of recipient, provider and benefit package.					
		8517	214	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.		9	459	1279	820
		10	31	Diagnosis or service invalid for client age.					
3404918	Rockingham	8599	58	Detail not covered by combination of recipient, provider and benefit package.					
		21	6	Duplicate of claim system.		22	113	770	657
		191	13	Client ID number does not match patient name.					
3404925	Sandhills	8599	27	Detail not covered by combination of recipient, provider and benefit package.					
		21	101	Duplicate of claim system.		1	279	5088	4809
		8517	126	Claims denied, submitted beyond filing timelimit.					
3404901	Smoky Mountain	8599	62	Detail not covered by combination of recipient, provider and benefit package.					
		8517	260	Claims denied, submitted beyond filing timelimit.		73	499	1183	684
		8649	61	Claim denied maximum allowed 26 occurrences have processed and paid, PA is required.					
3404933	Southeastern Center	8599	59	Detail not covered by combination of recipient, provider and benefit package.					
		21	4	Duplicate of claim system.		39	118	1850	1732
		5404	5	Severe duplicate.					

Cycle Date:	08/28/2003								
Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	Research	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404926	Southeastern Regional	8599	324	Detail not covered by combination of recipient, provider and benefit package.				0 5716	
		5404	166	Severe duplicate.		112	1760		3956
		21	1081	Duplicate of claim system.					
3404957	Tideland	8599	95	Detail not covered by combination of recipient, provider and benefit package.					
		191	10	Client ID number does not match patient name.		47	204	2211	2007
		21	40	Duplicate of claim system.					
3404905	Trend	21	13	Duplicate of claim system.		0	368	2064	
		120	58	Client ID number missing or invalid.					1696
		8599	269	Detail not covered by combination of recipient, provider and benefit package.					
3404923	VGFW	8599	483	Detail not covered by combination of recipient, provider and benefit package.					
		8517	20	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.		20	628	2363	1735
		21	100	Duplicate of claim system.					
3404931	Wake	8599	17	Detail not covered by combination of recipient, provider and benefit package.					
		21	41	Duplicate of claim system.		14	135	606	471
		8621		60 Residential level III treatment received, PA is required for additional service.					
3404936	Wilson-Greene	8599	127	Detail not covered by combination of recipient, provider and benefit package.					
		8517	8	Claims denied, submitted beyond filing timelimit. July through April DOS must be sumbitted by the end of fiscal year.		70	254	1690	1436
		21	37	Duplicate of claim system.					

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